**INITIAL COMPETENCY ASSESSMENT & DOCUMENTATION FORM**

**POCT STAFF ONLY**

TEST SCORE \_\_\_\_\_\_\_\_\_\_%

ENTERED INTO RALS BY: \_\_\_

DATE ENTERED \_\_\_/\_\_\_/\_\_\_\_

**PROVIDER PERFORMED MICROSCOPY**

|  |  |  |
| --- | --- | --- |
| **Name (last, First, MI)** | **Hospital Badge Serial#** | **E-MAIL** |
| **Ward/Clinic** (Include all) | **Circle One:**  MD CNM WHNP PA RESIDENT | |

**ALL SECTIONS OF THE COMPETENCY MUST BE FILLED OUT LEGIBLY AND WITH BLACK OR BLUE INK PRIOR TO BEING TURNED INTO POCT**

| I have read and understand the SOP | INITIAL HERE> |  |  |
| --- | --- | --- | --- |

| Subject/Task/Competency | Method of competency  (check all that apply) | Date assessed | Competent  Y or N\* | Employee (initial) | Assessor  (initial) |
| --- | --- | --- | --- | --- | --- |
| Use of Microscope   * Demonstrates ability to properly focus the microscope * Demonstrates rotation of objectives * Explains QC frequency * Evaluation of problem-solving skills | Direct Observation  Monitoring results reporting  Review of records  Blind specimen  Proficiency specimen  Written examination  Other(s): Verbal  Questioning |  |  |  |  |
| Reagent Handling   * Describes proper storage of KOH and NaCl * Proper storage requirements for Lens Cleaners * Describe timing for KOH Preps * Know location of SDS | Direct Observation  Monitoring results reporting  Review of records  Blind specimen  Proficiency specimen  Written examination  Other(s): Verbal  Questioning |  |  |  |  |
| Patient Testing   * Properly identifies patient sample according to policy * Properly collects the sample * Describe what you looking for in each type of sample * Properly documents results, lot of reagent, and lot expiration date on log sheet * Universal Precautions and Safety Requirements * Clear understanding and review of proficiency testing assessment * Evaluation of problem-solving skills (if the microscope is out of focus) | Direct Observation  Monitoring results reporting  Review of records  Blind specimen  Proficiency specimen  Written examination  Other(s): Verbal  Questioning  Review of intermediate test results or worksheets |  |  |  |  |

\*Entering a **Y** (yes) indicates that the assessor deems the employee as competent for the given task (s) Entering a **N** (no) indicates that the assessor deems the employee as not competent, and as such, needs additional training.

**KNOWLEDGE CHECK Badge Serial # \_\_\_\_\_\_\_\_\_**

Respond in the space with True or False in the Blank provided. If the particular test does not apply to what you test for, write “N/A” for Not Applicable in the space. In addition you must register and complete the NMCP BHC Norfolk PPM Initial Provider course content and exam on Relias. Attach the passing certificate to this competency.

**General Requirements Test ALL**

\_\_\_\_\_ Proper microscopic examination of the slide requires reading it at 100X.

\_\_\_\_\_ If reagents are expired you can still use them.

\_\_\_\_\_ Alcohol wipes may be used to clean the lenses of the microscope.

**Ferning Exam**

\_\_\_\_\_ For Ferning testing you must use a sterile swab.

\_\_\_\_\_ The slide can be moist when reading it.

**KOH Exam**

\_\_\_\_ Three drops of 10% potassium hydroxide are placed on a slide.

\_\_\_\_\_For dry specimens such as nails and hair, the test may require overnight incubation.

**Wet Mount Exam**

\_\_\_\_ Deionized H2O may be used to process a wet mount.

\_\_\_\_ The slide must sit for 30 seconds to equilibrate before reading.

**UA Microscopic Exam**

\_\_\_ WBC casts appear as triangles encased with white cells.

\_\_\_\_ Bilirubin crystals are described as granules or needles that are bile stained.

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| --- |
| **Comments/Observations**  **May be made by employee, observers, assessors or supervisors(date & initial each)** |
|  |
| I have been oriented to the competencies indicated as “initial” on this document. I have noted any comments in the area provided. I understand that I am accountable for all items that I initialed. **I have read and understood the Point-of-Care SOP** and I am responsible to follow all policies and procedures as stated in the procedure manuals, and I am responsible for any updates that may be implemented. **FAILURE TO FOLLOW POCT POLICIES AND PROCEDURES CAN RESULT IN THE LOSS OF MY PRIVELEGES TO PERFORM TESTING AND ADMINISTRAIVE ACTION.**  EMPLOYEE: Date:  (signature) |
| I have assessed this employee in the above-named area and determined that the employee has has not demonstrated competence in this procedure (s) or process(es)  ASSESSOR: (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ |